

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Program Policy and Actuarial Services  
Medical Services Administration

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|------------------------|-----------|----------------------|---------|---------------------------------|--------|
| <b>Project Number:</b> | 0413-HCEP | <b>Comments Due:</b> | 5/29/04 | <b>Proposed Effective Date:</b> | 7/1/04 |
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**Mail Comments to:** Deanna Mitchell  
Michigan Department of Community Health  
Medical Services Administration  
PO Box 30479  
Lansing, Michigan 48909-7979

**Telephone Number:** 517-335-5104      **Fax Number:** 517-335-5136  
**E-mail Address:** [eligibilitypolicy@michigan.gov](mailto:eligibilitypolicy@michigan.gov)

**Policy Subject:** Home Help Program Policy Changes

**Affected Programs:** Medicaid

**Distribution:** Health Care Eligibility Policy Manual

**Policy Summary:** This policy sets limits on the number of hours under the Home Help Program for specific services (shopping, laundry, meal preparation and housekeeping) on a monthly basis. In addition, it freezes provider rates to June 1, 2003 levels and defines the qualifications necessary to be considered a Home Help Agency.

# Proposed Policy Draft

Michigan Department of Community Health  
Medical Services Administration

**Distribution:** Health Care Eligibility Policy  
(Family Independence Agency)

**Issued:** XX/XX/XX

**Subject:** Home Help Policy

**Effective Date:** July 1, 2004 (Proposed)

**Programs Affected:** Medicaid

Effective July 1, 2004, the Michigan Department of Community Health (MDCH) will implement revisions to the Medicaid Home Help Program.

## **AUTHORITY**

The Family Independence Agency (FIA) is the administrative agent for the MDCH Home Help Program. The policies and procedures related to the program are contained in the FIA Adult Services Manual which is available on-line at [www.mfia.state.mi.us/olmweb/ex/asm/asm.pdf](http://www.mfia.state.mi.us/olmweb/ex/asm/asm.pdf).

The policies being implemented by this bulletin affect the Home Help Services provisions of the FIA Adult Services Manual Bulletin 2003-002 effective August 1, 2003, and Bulletin 2004-002 effective March 1, 2004. These Home Help Program related policies are obsoleted by this bulletin and will be rescinded by the FIA.

MDCH bulletins Health Care Eligibility Policy 04-01 issued January 15, 2004, and Health Care Eligibility Policy 04-03 issued March 24, 2004 are rescinded.

## **POLICY CHANGES**

### **Coverage Limitations for Instrumental Activities of Daily Living (IADL's)**

The following IADL's are limited to a maximum number of hours per month:

- 5 hours for shopping,
- 7 hours for laundry,
- 6 hours for housework,
- 25 hours for meal preparation.

The IADL "shopping and errands" has been renamed as "shopping". "Shopping" is limited to occasional trips within the local area for the purpose of obtaining food, medical necessities, and household items required specifically for the health and maintenance of the beneficiary.

### **Home Help Agencies**

A Home Help Service Provider is considered an agency when all of the following criteria are met:

- Is a Medicaid enrolled Home Health agency; OR
- Has, or have applied for, a tax identification number AND employs or (sub)contracts with two (2) or more persons to provide home help services.

### **RATE FREEZE**

Provider rates continue to be frozen at the June 1, 2003 levels for individual and agency providers. The home help provider rate freeze will be in effect until further notice. Local FIA Offices must adhere to their currently established rates.

Any exception to authorize a rate greater than the locally established provider rate must be submitted to Medical Services Administration, Long Term Care Systems Development Section, P.O. Box 30479, Lansing, Michigan 48909-7979.

All rate exception requests must include the following supporting documentation:

- Description of the beneficiary's assessed complex care needs.
- Description of specialized training the provider has received from a clinical practitioner in order to meet the beneficiary's assessed complex care needs.
- The name and the telephone number(s) of providers(s) contacted to provide care.
- Current ASCAP assessment.
- Current Reasonable Time and Task Schedule.
- Description of the strategy being used to find alternate lower cost provider(s).

**Note:** Any exceptions authorized by MDCH will be short term in nature. Continued review and follow-up by the Adult Services Workers will need to occur.

### **ELIGIBILITY CRITERIA**

Home Help Services are only available to beneficiaries who are identified as medically and/or physically disabled, or cognitively impaired, by a Medicaid enrolled physician, occupational therapist, physical therapist, or nurse practitioner.

To determine continued eligibility for the Home Help program, a Medical Needs form (FIA 54A) must be completed annually by any of the provider types listed in the paragraph above. The updated FIA 54A must be submitted to the FIA as part of the next redetermination process. Copies of the FIA 54A can be obtained from the Adult Services Worker at the local FIA office.

### **MANUAL MAINTENANCE**

Retain this bulletin for future reference. Discard bulletins Health Care Eligibility Policy 04-01 and 04-03.